## Georgia Division of Family & Children Services TANF SUPPORT SERVICES CHECK REQUEST

COUNTY DFCS		DATE:		
TO: REGIONAL ACCOUNTING: #		FROM:	, TANF CASE M	ANAGER
MONTH/YEAR OF SERVICE:		AMOUNT: \$		
VENDOR/ADD	RESS:			
	OCIAL SECURITY NUM DDRESS:	MBER: PROGRAM	NUMBER (UAS):	
MAIL TO: □CUSTOMER		□VENDOR		☐MAIL TO DFCS OFFICE
FOR VENDOR PAYMENTS, PLEASE PRINT INVOICE NUMBER ON CHECK PAYMENT, IF INDICATED BELOW: INVOICE#:				
Service Month	Purpose of request:	<del></del>	Amount	Entitlement Code
22 OTHER TU 26 RECIPIEN 37 REG/TEST 38 REQUIREI 39 BOOKS/TO 40 OCCUP LII 46 APPLICAN 66 APPLICAN 528 WORK SI	C FEES (\$300 PER PAF IT TRANS (\$5 PER DAY IT INCIDENTAL-TANF E UPPORT PAYMENTS/T	SERV EMPLOY SERV LOY SERV -TANF EMPLOY SERV PER PARTICIPATION) -TANF RTICIPATION) -TANF EMPLOY (, \$350 MAX PER PARTICIPATEMPLOY SERV  FRANSITIONAL SERVICES (ONE-TIME PAYMENT FOR E	Y SERV FION PER MONT	
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ATTACH GATEN screens)	VAY SCREEN PRINTS:	(Residential Address, Demo	graphic Screens,	AND ES Support Service
CASE MANAG	ER'S SIGNATURE/DAT	TE SUP	ERVISOR'S SIGN	ATURE/DATE
CASE MANAGER'S PRINTED NAME			SUPERVISOR'S PRINTED NAME	

## **TANF Support Services Check Request**

The TANF support services check request is a uniform method to request support payments statewide. During Gateway conversion it has been necessary to manually request and process support services through Region Accounting offices. The TANF Support Services Check Request form has been approved to for use statewide and each RA office has been notified.

This form can be used to request support services as a last resort if support services are unable to be entered in Gateway directly.

Complete all the information at the top of the form.

Enter the service month, purpose of request, amount requested and entitlement code in the block in the middle of the form. There may situations that the service months will not be the same. For example, travel reimbursement is paid for the prior month, but WSP is paid for the current the month.

Check the appropriate UAS and entitlement code descriptions. For each UAS code section there is a blank line available for an additional entitlement code that can be entered manually.

Case manager and supervisor signature and date is required.

Submit to regional accounting office and scan copy to WEC.